

July 15, 2003

MDR #: M2-04-1333-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Anesthesia and in Pain Management.

**Clinical History:**

This 45-year-old male claimant injured his back on \_\_\_\_ in a work-related accident, resulting in low back and left hip pain. An MRI on 09/16/02 revealed L5-S1 degenerative disc disease with a small central disc protrusion. No spinal stenosis or nerve root compression was noted. An MRI of the hip was negative. The patient was diagnosed with low back pain with radiculopathy.

The patient was treated with a series of two epidural steroid injections, to which it was documented that he "responded favorably". However, it was noted in the record on 06/03/03 that these interventions "...only helped somewhat, but longevity was not significant". Physical exam revealed no neurologic deficits and paraspinous tenderness. The patient is managed with Lortab, Lodine, Elavil and Skelaxin.

**Disputed Services:**

Lumber ESI with catheter placement, with hypertonic saline injection and bilateral lumbar facet injections.

**Decision:**

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is not medically necessary in this case.

**Rationale:**

Clearly, while this patient's pain has worsened, there is no indication of any acute process amenable to steroid application. The MRI is consistent with a chronic process with no nerve root compression. Chronic degenerative disease will have no long-term response to this treatment. There is no evidence that a new process has intervened.

By the physician's own estimation, previous injections were of no significant lasting effect. The diagnosis of facet arthrosis is not justified by physical exam or the MRI, which notes that the facet joints show only minimal degenerative changes. Paraspinous tenderness is not sufficient to make this diagnosis. The medical history provided only supports the diagnosis of chronic disease that is not amenable to steroid injection.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©)

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 15, 2003.